

### Applicant Information (Please Print)

Last Name:		First Name:		Middle Initial:	
Lastivanie.		i ii st ivaine.		middle filital.	
Street Address: (location of home)				Unit # or Man	ufactured Lot #
City:		County:		Zip:	
Primary Phone:		Secondary I	Phone:	Other P	hone:
E-Mail:					
Mailing Address – If different from street address			City:		Zip:
L Utility Information					
Natural Gas or Propane Provider:				Account #:	
Electric Provider:	ovider: Account #:				
Qualification Information					
Program. You must submit a recent application. You must submit a recent application. TANF AND OAP SS Please also complete the household in OR  Option 2: Qualify through Household List all household income below and so Income documentation must be included received from the following sources (complete or Docial Security Workers' Compensation  Household Information (please list as	SI Shaformation  Id Inconstitution  Submit particular for each all shock all shocks all shock all shocks all	SSDI SN on chart below ne Verification aystubs or ottach househouthat apply): etirement nemploymen	IAP  LE  bw. Submitting  con:  her verification  ld member verification  Di  t  Se	AP Household Number: ng paystubs is not necessar on for each income source with an income. Income is sability	e for the past 3 months. defined as money usal Support (alimony)
Name	Age	Has a Disability?	Native American?	Gross Monthly Income	Income Source(s)
		Disability.	American.		
This line is for office use only.	l	1			



### Legal Residency Affidavit

, swear or affirm under penalty of perjury under the laws of the State of
ed States, or
es pursuant to Federal law.
ed by law because I have applied for a public benefit. I understand that state lly present in the United States prior to receipt of this public benefit. I further adulent statement or representation in this sworn affidavit is punishable under econd degree under Colorado Revised Statute 18-8-503 and it shall constitute benefit is fraudulently received.
Date
entification with application. Acceptable forms of identification include:
ense or a valid Colorado identification card ry card/Common Access Card port



### **Description of Home**

Do you own or rent your home? Own Rent*				
*If you rent your home, your landlord must complete the permission form on page 4.  Type of home:  House (select one type):				
Home features: ☐ Finished basement ☐ Unfinished basement ☐ Crawlspace ☐ Pitched roof ☐ Flat roof ☐ Has an Addition ☐ In a Manufactured Home Park				
What year was the home built? How long have you lived in the home?				
Heating System: (check all that apply)  Type:  Forced Air  Boiler  Electric Baseboard  Fireplace/Stove  Wall Furnace  Space Heater  Floor/Gravity  No furnace  Other:				
Fuel: Natural Gas Propane Electricity Wood Other:				
Location: Basement Attic Crawlspace Wall Floor Other:				
Cooling System: (check all that apply) ☐ Central Air ☐ Window A/C ☐ Swamp Cooler ☐ None				
Exterior: (check all that apply)				
Appliances: Hot Water Heater Type:       ☐ Natural Gas       ☐ Propane       ☐ Electric       ☐ Solar         Cooking Applicance Type:       ☐ Natural Gas       ☐ Propane       ☐ Electric       ☐ Combination				
Additional Home Details:  Is the home for sale or likely to be put up for sale in the near future?				
Home Access Authorization				
Access to your home: Do you agree to and understand that Colorado weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed? Please note that a State Quality Assurance Inspector may also return within one year of work completion to inspect the work, including all safety and diagnostic testing.   I agree  Permission to photograph home: Do you agree to allow Colorado weatherization technicians and contractors and its designees to photograph the unit for pre and post-work documentation?				
☐ I agree				
Before weatherization work can begin, the home must meet a <b>minimum standard of housekeeping</b> . Do you agree to and understand that work areas (specifically areas around heating systems, attic and crawlspace accesses and exterior doors and windows) are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed?  ☐ I agree ☐ All of the members of my household have a disability that prevents agreement.*  *Reasonable accommodations may be made for households with disabilities.				
Applicant SignatureDate				



#### To the LANDLORD or PROPERTY MANAGER:

Unit Address	Applicant Name

Your tenant is applying for weatherization services provided by the Colorado Energy Office Weatherization Assistance Program (CEO Wx). If the application is approved, they will be eligible to receive free energy efficiency services that will help them save money on their energy bills and make their unit more comfortable and safe. Weatherization services includes an energy audit and safety diagnostics of the home. The energy audit will determine what energy savings measure can be provided to the tenant at no charge. These <u>free</u> measures may include additional attic insulation, wall insulation, crawlspace/floor insulation, air sealing, storm windows, ventilation, and furnace or hot water heater repairs. If the energy audit reveals the need for heating system replacement or identifies a highly inefficient refrigerator, the program will seek matching funds from you, the landlord. Because this program is federally-funded and focused on serving low-income households, the typical cost to the landlord for replacement of heating systems or refrigerators is significantly less than 50% of market rate. In these cases you will be presented with all options before moving forward.

Additionally, in order to provide the maximum improvement in comfort, energy savings, and safety, the CEO Wx assesses all areas of the home that could be improved. In some cases, making these improvements to the home can be moderately invasive. For instance, if the walls of the home lack adequate insulation, the weatherization crew may be able to retrofit the walls with insulation, which would require drilling holes through the interior or exterior wall surface. Once insulation is installed, the holes are plugged and patched with spackle or drywall compound as close to the original texture as possible. In some cases the patch may remain somewhat visible. While every effort will be made to blend the patches, extensive drywall repair, wallpapering, or custom texturing cannot be provided. Examples of other measures that may be moderately invasive include ceiling insulation, furnace replacement, and air sealing. Similar to wall insulation, these measures may involve cutting into interior or exterior wall surfaces and may leave behind visual evidence of such.

The goal of the CEO Wx is to provide maximum improvements to comfort, energy savings, and safety. All measures that are deemed cost-effective for your home are strongly encouraged, however, you do have the right to decline certain measures for aesthetic or other reasons. Please be aware that due to the design of the program and federal requirements, if you decline some measures, other measures may no longer be available to you.

If you have concerns about how these measures might impact your property, please indicate below and we will contact you to discuss further.

Landlo	ord Name and Landlord Mailin	ng Address  Landlord Other Phone #	Landlord Email Address
		ng Address	
		na Address	
perforr			
Wx, its		independent contractors involved from any act or eventuality arising from this world	any liability or loss in connection with the k.
permis also ce (forecle	ssion to perform such weath ertify that the property to be osure) by a federal, state,	nerization measures as may be suited to the weatherized is not presently for sale, nor or local program. In addition, I agree that	his property under the CEO Wx standards. It is it designated for acquisition or clearance at rent shall not be raised due soley to the e and pledge to defend and indemnify CEO
		owned by the: Tenant Landlor terms and conditions presented herein, a	d and except for the conditions above, grant
	I do not give my consent f	for the CEO Wx to serve my property.	
	I give my consent, but have	ve concerns about:	
	I have concerns about he	ating system or refrigerator repair or replac	cement.
		have no concerns about the CEO Wx se	erving my property.



#### To the HOMEOWNER / TENANT:

In order to provide the maximum improvement in comfort, energy savings, and safety, the Colorado Energy Office Weatherization Program (CEO Wx) assesses all areas of your home that could be improved. In some cases, making these improvements to your home can be moderately invasive. For instance, if the walls of your home lack adequate insulation, the weatherization crew may be able to retrofit the walls with insulation, which would require drilling holes through the interior or exterior wall surface. Once insulation is installed, the holes are plugged and patched with spackle or drywall compound as close to the original texture as possible. In some cases the patch may remain somewhat visible. While every effort will be made to blend the patches, extensive drywall repair, wallpapering, or custom texturing cannot be provided.

Other comfort, energy-saving, and safety measures that may be moderately invasive include ceiling insulation, furnace replacement, and air sealing. Similar to wall insulation, these measures may involve cutting into interior or exterior wall surfaces and may leave behind visual evidence of such.

The goal of the CEO Wx is to provide maximum improvements to comfort, energy savings, and safety. All measures that are deemed cost-effective for your home are strongly encouraged, however, you do have the right to decline certain measures for aesthetic or other reasons. Please be aware that due to the design of the program and federal requirements, if you decline some measures, other measures may no longer be available to you.

•	nave concerns about how these measures might impact your home, please i concerns with the energy auditor:	ndicate below and discuss
	I have <u>no concerns</u> about the Weatherization Program serving my home.	
	I have concerns about wall insulation.	
	I have concerns about ceiling or attic insulation.	
	I have concerns about:	
permiss I also co (foreclo employ	read and understand the terms and conditions presented herein, and except for sion to perform such weatherization measures as may be suited to this property usertify that the home to be weatherized is not presently for sale, nor is it designated because) by a federal, state, or local program. I hereby release and pledge to defend ees, agents, and independent contractors involved from any liability or local program. I hereby release and pledge to defend ees, agents, and independent contractors involved from any liability or local program. I hereby release and pledge to defend ees, agents, and independent contractors involved from any liability or local program.	nder the CEO Wx standards. d for acquisition or clearance d and indemnify CEO Wx, its loss in connection with the
Applica	ant SignatureD	ate



#### Please Read This Section Carefully:

My signature below authorizes Colorado weatherization staff and crew to enter my home as needed to perform weatherization work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only. My signature below authorizes the Colorado Energy Office Weatherization Program (CEO Wx) and its designees to inspect heating, fuel usage and utility billing records for up to five years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness.

I agree, on behalf and for all who stand in my stead, that the CEO, its subgrantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the CEO Wx to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the CEO Wx is required to keep confidential any specifically identifying information related to an individual's eligibility application for weatherization services, or the individual's participation in weatherization services, such as name, address, or income information. The State of Colorado in conjunction with the CEO may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

Appeal Process: Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Manager or Executive Director will issue a decision in a written letter within 15 days receipt of the notice of appeal. If the Program Manager or Executive Director denies services and you still are in disagreement, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the Colorado Energy Office Weatherization Program (CEO Wx). Appeals to the CEO Wx should be in writing and addressed to: Colorado Energy Office Weatherization Program, 1580 Logan Street, Suite 100, Denver, CO 80203. The CEO Wx will have 15 days to respond in writing to all appeals and the decision will be considered final. My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature	Date			
How did you hear about the wea	atherization program? (	check all that apply)		
LEAP	Utility Company	Newsp	aper	
Social Services Office	Brochure	Televis	sion	
Heat Help Line	Friend/ Family Men	nber Radio		
2-1-1	Bus ad/Billboard	Other:		
IDa Nat Weita Balance For Office	Llee Only I			
Do Not Write Below - For Office		on allower and allower		
I certify that this client is eligible	under the appropriate it	anding guidelines.		
☐ Unit <i>WAS</i> weatherized in		☐ Unit ha	as <i>NOT</i> been previo	usly Weatherized
		_	•	•
Authorized CO Wx Agent	Date Approved	Income Verification	POV Level%	HHN or Qualifying
Authorized CO WX Agent	Date Approved	income vermoation	FOV Level/	Program
				J

Date Eligibility Expires

Job#